

Addressing the Inverse Care Law in GP funding in Wales

Division of Population Medicine
Cardiff University

Outline

10:00am - 10:10am	Welcome and introduction
10:10am - 10:20am	Deep End Wales: Dr Neil James, Chair
10:20am - 10:30am	BMA: Dr David Bailey, former Chair, BMA Welsh Council
10:30am - 11:00am	Welsh Senedd party speakers
11:00am - 11:30am	Break and networking
11.30am – 11.35am	Student perspective
11:35am - 11:50am	Professor Adrian Edwards, Cardiff University
11:50am - 12:10pm	Keynote speech: Dr Rowena Christmas, Chair RCGP Cymru
12:10pm - 12:30pm	Q&A
12.30pm	End

Key research message(s)

- Welsh GP practices with more patients from **most deprived** areas receive **less funding**
- Practices in **most** deprived areas receive **around 5% less funds** (£50-60k a year)
- Despite **workforce** and **demand** pressures in Deep End areas, and greater **unmet need**

Housekeeping

- Fire safety
- Facilities
- Social Media
- Share our *live stream* -
<https://tinyurl.com/y4v4axr7>

**DR NEIL JAMES, CHAIR DEEP END
CYMRU**

**DR DAVID BAILEY, FORMER CHAIR,
WELSH BMA COUNCIL**

**VIEWS FROM MEMBERS OF THE
POLITICAL PARTIES IN THE SENEDD**

BREAK (30 MINUTES)

STUDENT PERSPECTIVE

**PROFESSOR ADRIAN EDWARDS,
DIRECTOR, DIVISION OF POPULATION
MEDICINE, CARDIFF UNIVERSITY**

Tackling the Inverse Care Law in Welsh General Practice

Adrian Edwards

Professor of General Practice, Cardiff University

Director of Health & Care Research Wales Evidence Centre

18th November 2024

Declaration of interests

- GP Partner 25 years
- Practice resigned GMS contract 2020
- Salaried GP in Cwmbran 2020 to date

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-
- This is not a party-political presentation

Director, Wales COVID-19 Evidence Centre 2021-23



COVID-19 vaccine
Get the latest information from the NHS.

[Learn more](#)

[See more resources on Google](#)

UK Covid 19 Inquiry - Module 3 Hearing - 23 September 2024 AM

[INQ000474283 - Expert Report by Professor Adrian Edwards titled General Medical Practice during the pandemic, dated 13/08/2024. - UK Covid-19 Inquiry \(covid19.public-inquiry.u](#)

General Practice

>70% of all health care encounters
in NHS

>70% of all COVID-19 vaccinations

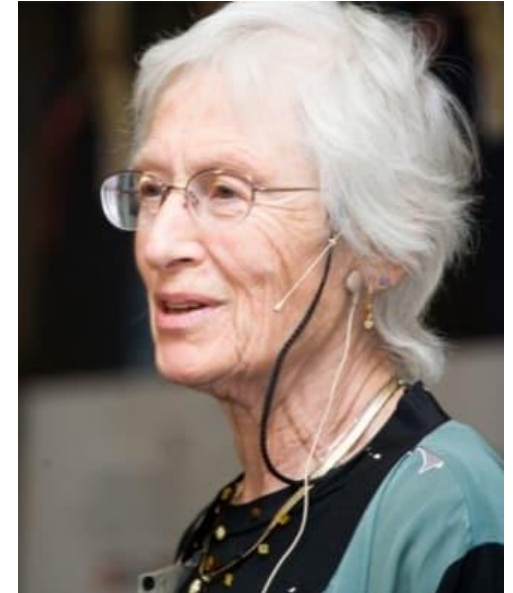
investing in primary care services is
cost-effective at societal level

for every £1 invested in primary care, at
least £14 is delivered in productivity
across the working community



Barbara Starfield

- **worldwide evidence is that the stronger the primary care system, the stronger the overall health system** is to improve health outcomes, reduce costs, and maximise equity for the population
- These findings have been robust over time and across health systems
- ‘Strength’ of primary care covers various features including
 - higher ratios of primary care physicians to population (and proportion of the total doctor workforce in primary care)
 - stronger relationships and continuity with GPs
 - quality of preventive care (screening, health promotion) and
 - early management of health problems



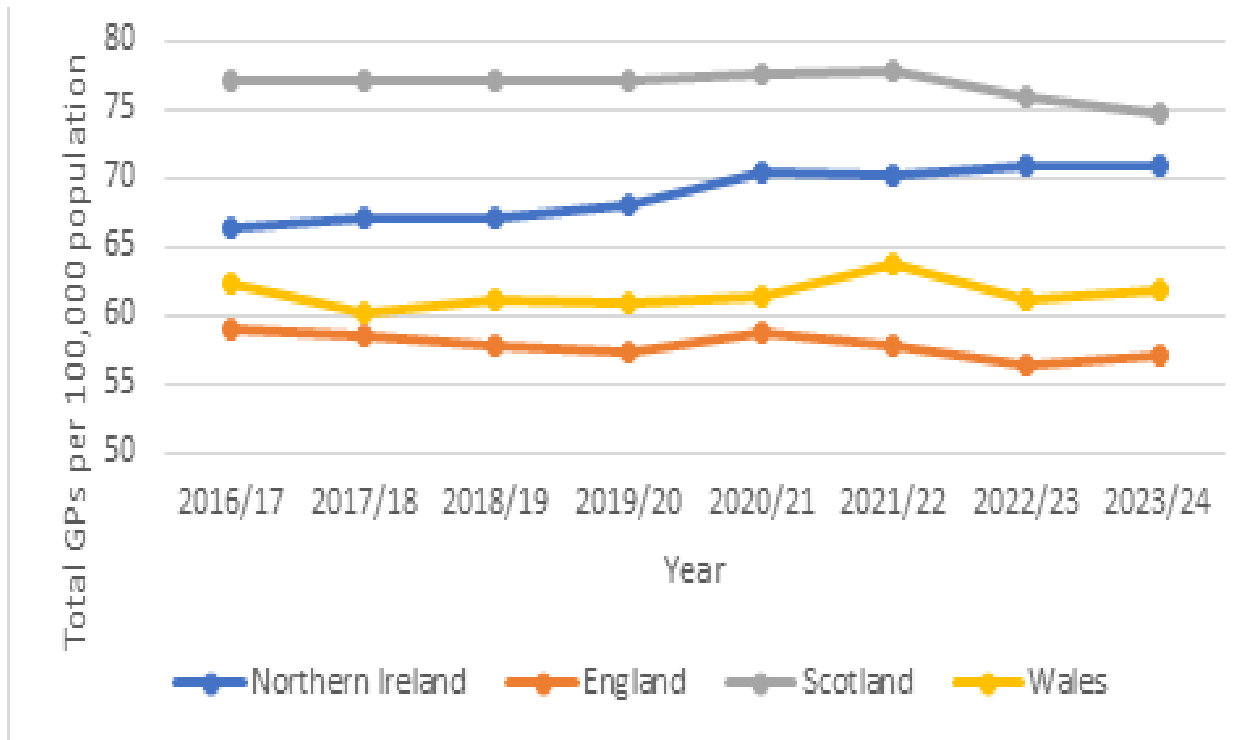
(Starfield, Shi and Macinko, 2005).

The number of General Practitioners (GPs) per person varies between countries.

Per 100,000 population:

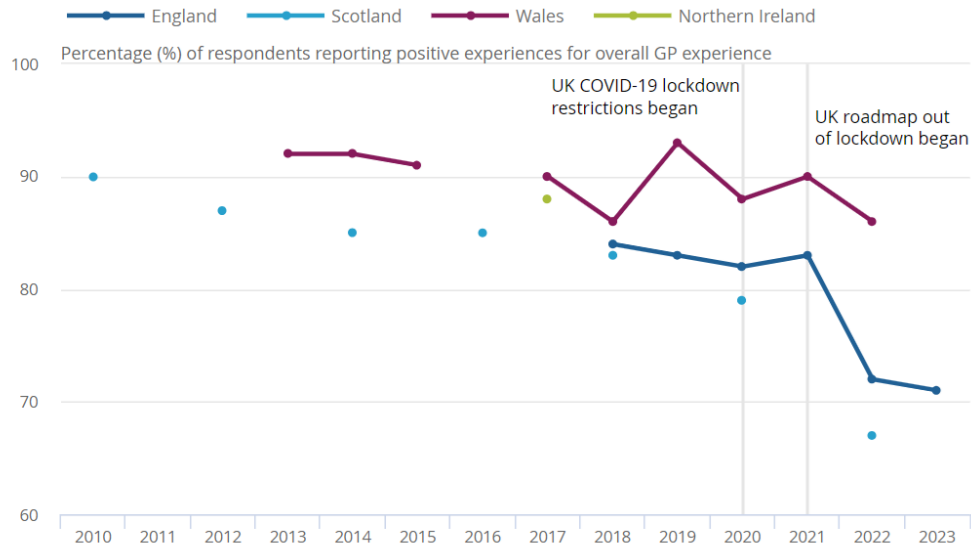
- Australia **121** full-time equivalent (FTE) GPs (38,357 gross total GPs) in 2021 (most recent available data). This has risen steadily year on year from 103.7 in 2014. (Australian Gov't Productivity Commission, 2023). 
- New Zealand has **74** FTE GPs in 2021, up from 68 in 2013 (Grimond, Martin and Tu, 2021). 
- Canada has **103** FTE family physicians in 2021-2022 (Canadian Institute for Health Information), a decrease from 122 in 2019 (Canadian Institute for Health Information, 2019). 
- UK has **45** FTE GPs per 100,000 patients in April 2022 – a fall from 52 per 100,000 in September 2015. (RCGP, 2022). 

•Figures relate to NHS England, slightly higher figures in Scotland, Wales and Northern Ireland



Total GPs (headcount, not FTE) per 100,000 population in UK nations. Figure adapted using data from Department of Health: Publication of FPS General Medical Services for Northern Ireland, Annual Statistics 2023/24 (Department of Health, 2024)

Patient experience

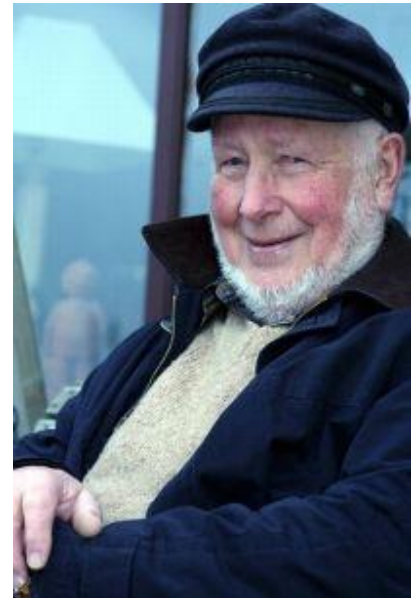


Percentage of respondents reporting positive overall experience of GP services in the UK, 2010 to 2023 (ONS, 2024)

And the Inverse Care Law

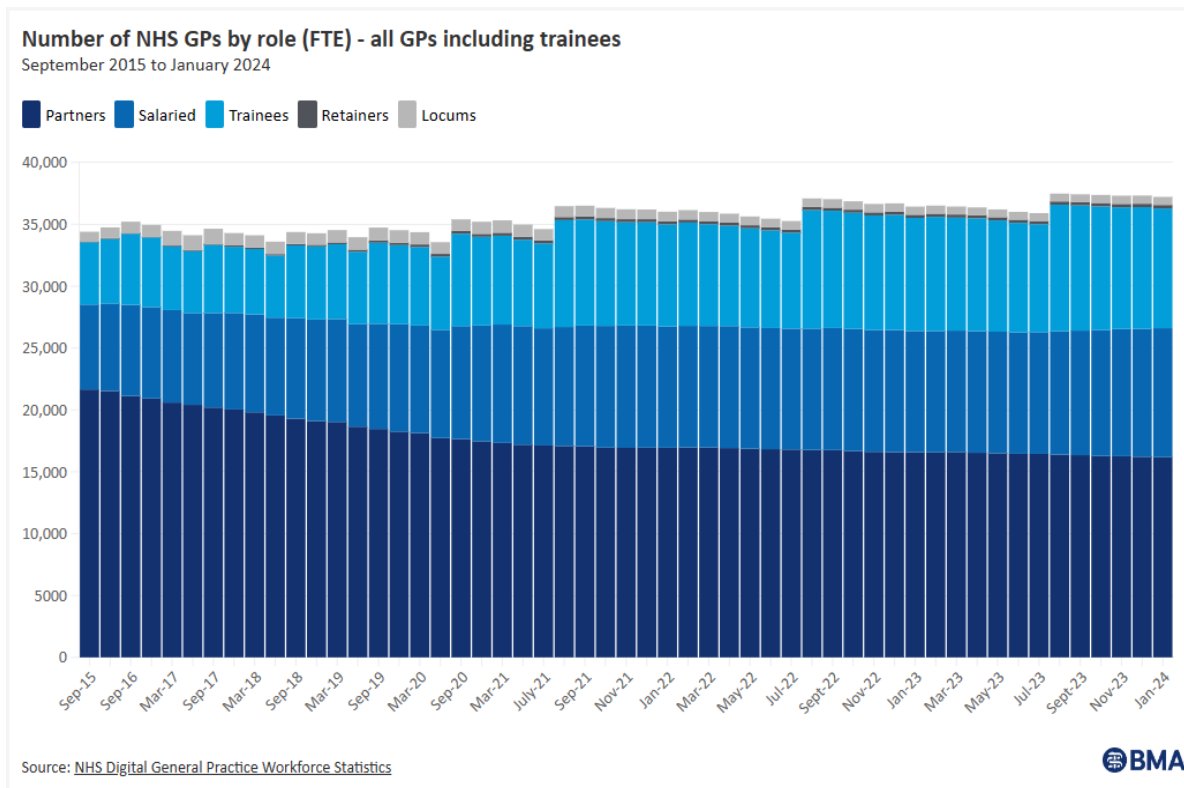
- The availability of good medical care tends to vary inversely with the need for it in the population served.

This inverse care law operates more completely where medical care is most exposed to market forces, and less so where such exposure is reduced.

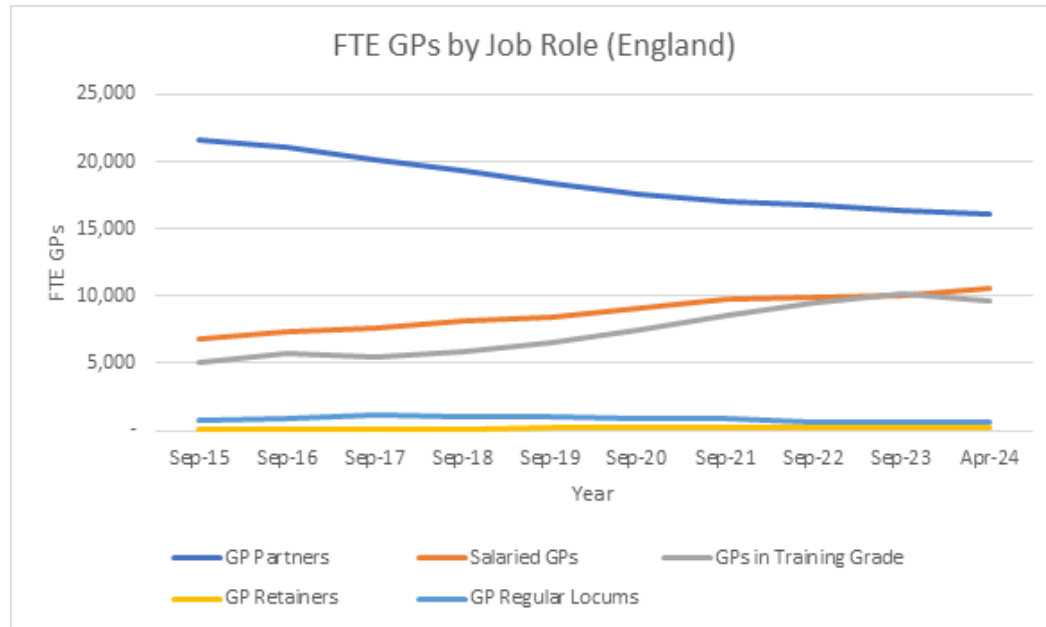


Julian Tudor Hart, Lancet, 1971

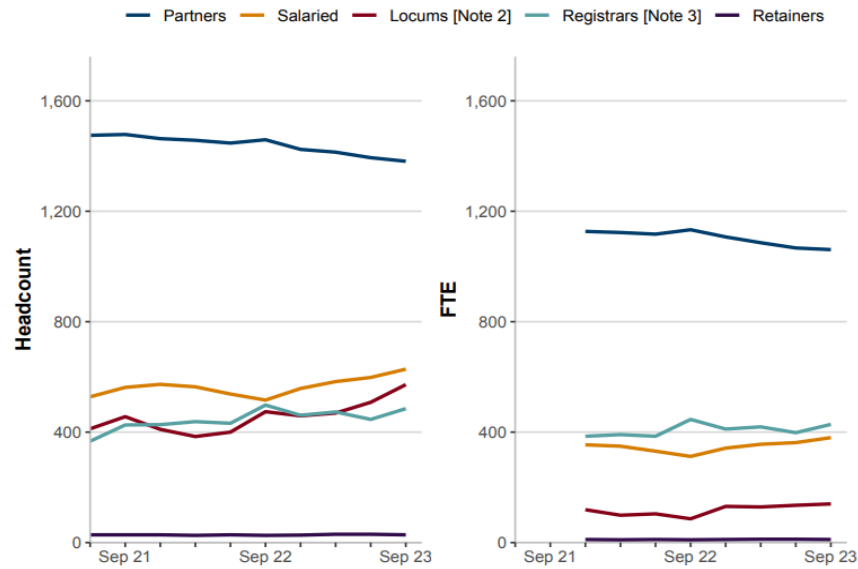
Workforce



Workforce



Workforce



Graph from Welsh Gov: General practice workforce: at 30 September 2023

Workload

Patients and workload in general practice data²

Number of patients per FTE fully qualified GP (September 2015 to February 2024)

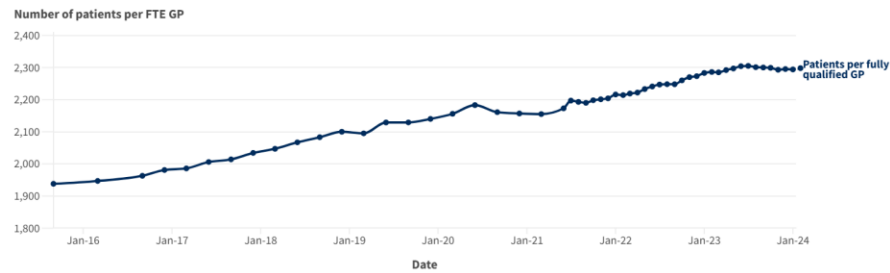


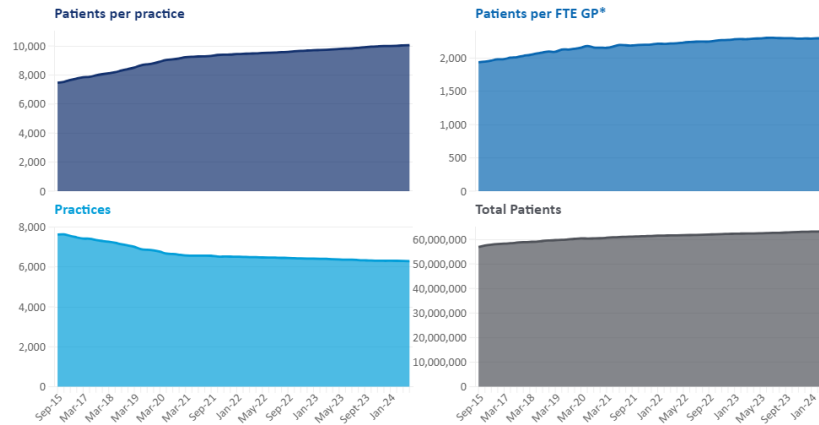
Figure 2: The average number of patients per GP has seen a steady increase since 2015. There are 2,298 patients per GP as of February 2024, which is an increase of 7% since 2019 [2].

(RCGP, 2024)

Workload

Fewer doctors are looking after greater numbers of patients

Change in average number of patients per practice and GP to patient ratio
September 2015 to April 2024



Source: BMA analysis of NHS Digital General Practice Workforce Statistics • * Fully qualified GPs



(RCGP, 2024)

Inverse workload law

- Affluent areas: 2100 patients per full time GP
- Deprived areas: 2400 patients per full time GP
 - 7% less income

Workload

Estimated total number of appointments in general practice by year (2019 to 2023)

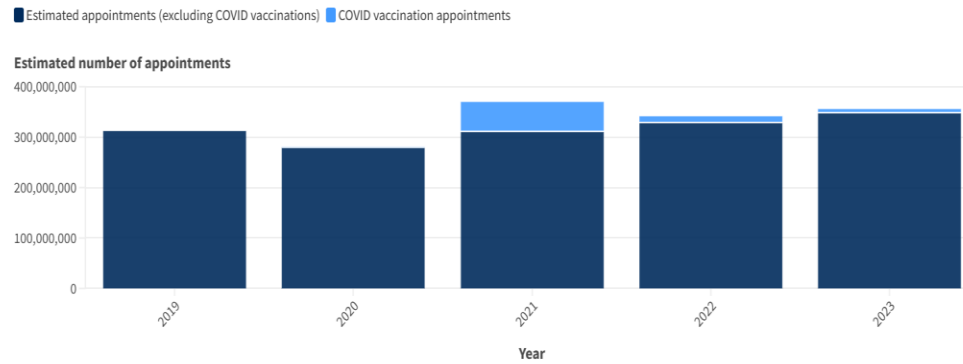


Figure 1: General practice staff delivered 356 million appointments in 2023, which is 14% more than in 2019 [1].

(NHS England Digital, 2023)

Workload – RCGP Wales, 2020

- 108% of capacity pre-pandemic
- 40% lower in the first lockdown period
- by December 2020 considered to be at (average) 127% of capacity

Workforce

Multidisciplinary Team (MDT) staff numbers²

Numbers of nurses and direct patient care staff (September 2015 to February 2024)

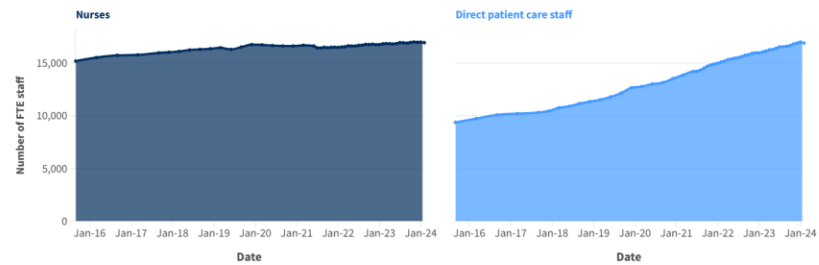


Figure 4: The number of nurses and direct patient care staff have increased since 2015. There are 16,947 FTE nurses working in general practice as of February 2024, which is 1.1% more than in December 2019. There are 16,913 FTE direct patient care staff working in general practice as of February 2024, which is a 34% increase from December 2019 [2].

(RCGP, 2024)

Workforce

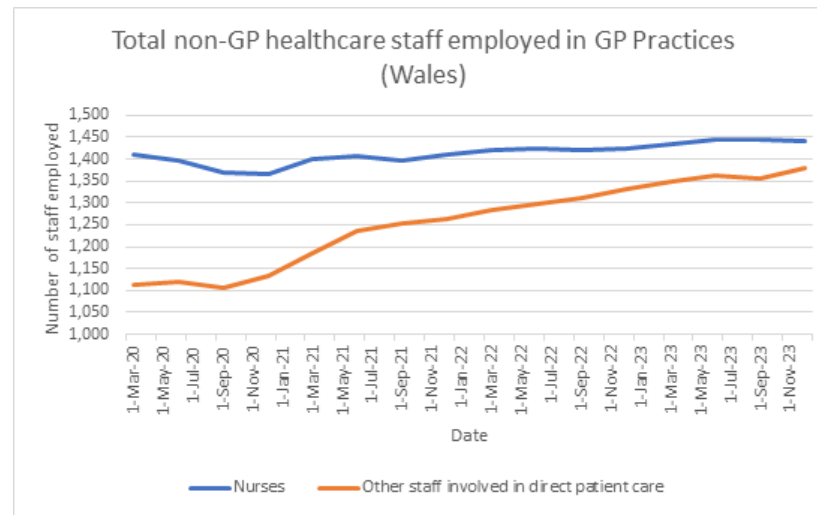


Figure adapted from StatsWales data

Workload and population need

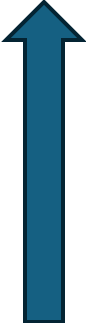
- the total amount of ill-health, measured by the number of years lived with a disability, has increased by over a sixth between 1990 and 2016, driven by a growing and ageing population.
- Between 2003–04 and 2015–16, the number of people with a single chronic condition grew by 4% a year, and the number with multiple chronic conditions grew by 8% a year.
- By 2035, the proportion of over 65s with two or more long-term conditions is projected to rise to over two thirds.
- The number of people aged over 85 is estimated to grow 55% by 2037, as part of a continuing trend of population growth which outstrips comparable countries
- A 2013 study found that an average GP consultation involves a discussion of approximately **2.5 different problems, across a wide range of disease areas, in just 12 minutes**, with each additional problem being discussed in just 2 minutes (Salisbury, et al)

Professor Sir Muir Gray



“the GP morning surgery is one of the wonders of modern medicine”

Population need

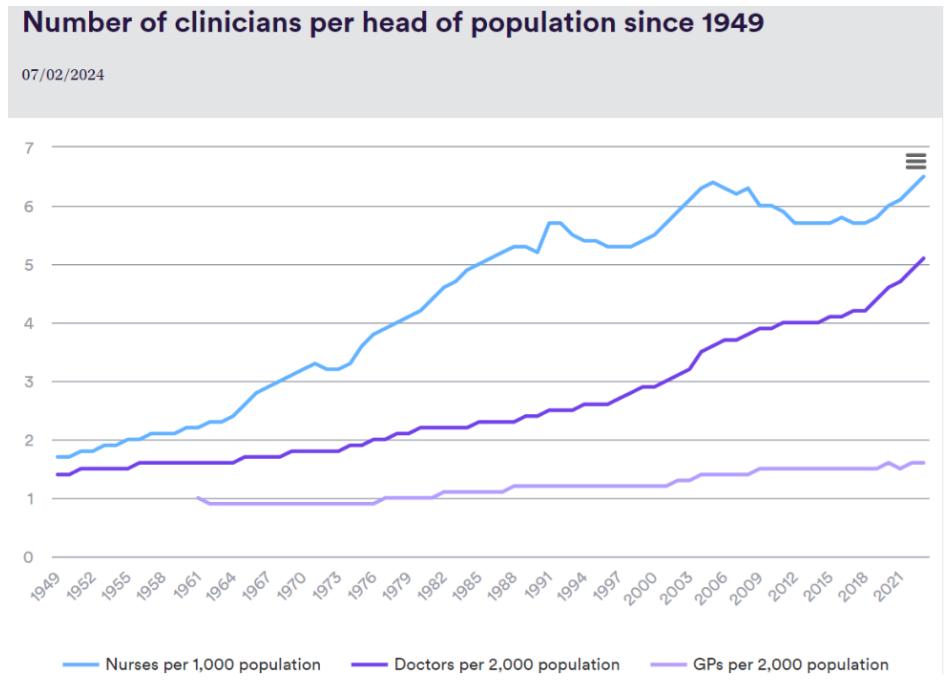
- 
- **long-term rising prevalence of several conditions.**
 - The Health and Care Research Wales Evidence Centre reviewed trends in prevalence of
 - cancer (breast and prostate),
 - cardiovascular (including stroke, atrial fibrillation, heart failure), also diabetes and high blood pressure,
 - dementia,
 - mental health and depression and
 - multi-morbidity.
 - Used to assist with planning of NHS Wales need and capacity over the next 10 years, utilised by Ministers and NHS Executive

**What is the forecasted prevalence and
incidence of long-term conditions in Wales:
a Rapid Evidence Map**

June 2023

Prevention better than cure?

Prevention better than cure?



(Nuffield Trust, 2024)

Budget to primary care

the proportion of NHS (England) budget spent on general medical practice has dropped from around 11% in 2004 to 8.8% in 2015-16 and to 8.4% 2023-24.

Wales: 7.6%

Real terms increases in spending in primary medical care are less than those in all other sectors.

NHS England 14.8% real terms rise 2015 – 24 in GP (£12.9Bn)

Other sectors – range 17- 45% increases

Resourcing primary care is cost-effective at societal level and improves health outcomes for the population.

What to do?

- Redistribute within primary care?
- Carr-Hill formula
 - **Patient age and sex**
 - **Additional needs of patients:**
 - standardised limited long-standing illness & mortality ratio for patients <65
 - **List turnover**
 - **Staff market forces factor**
 - **Rurality**

What to do?

- Redistribute within primary care?
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 - **Staff market forces factor**
 - **Rurality**
- **Zero sum game**

What to do?

- Redistribute within NHS to primary care?
- Restoring from c.8% to 11% of NHS budget
- And transparent assessment of budget in relation to workforce, workload, and population need
 - at least annually
 - 'safe staffing' requirements in relation to need and demand

Workforce

- expanding and sustaining the workforce in all its disciplines:
GP, nursing & allied health, administrative groups
 - staff recruitment & retention and supporting and developing primary care staff across the disciplines
- expand fast enough to meet the challenges of increasing workload now and to retain these staff to achieve the resilience required for general practice to be fit-for-purpose
 - Restoring to 11% of NHS budget *minimum*

Academic (GP) Fellows Scheme

- Welsh Government funded
- motivated General Practitioners (GPs) to combine teaching, research, and postgraduate study with clinical work in the most deprived areas of South East Wales (also Swansea / West and North).



The Academic Fellows Scheme provides support to some of the most deprived areas in South Wales.

Academic (GP) Fellows Scheme

- Welsh Government funded
- Recruitment into practices in the most deprived areas of Wales



Enhancing capacity – ‘Reimbursement Schemes’

- directly reimburse additional posts upon appointment or additional hours from existing staff
- E.g. Additional Roles Reimbursement Scheme in England
 - 17 roles e.g. pharmacists, social prescribing link workers, physician associates, physiotherapists; paramedics
- Additional Capacity Fund in Wales (2022-25)
 - administered through Health Boards
 - 2021-22 (Winter pressures) 100% reimbursement;
 - 22-25 50% matched funding £4M total pa
- “offer potential models and Governments should explore further development and sustaining of such approaches across all the primary care disciplines”.
 - Targeted to area of greatest need

Enhancing capacity

- planning for student and training place numbers
- quotas in some comparable countries for a minimum threshold of training places that must be in primary care (e.g. 40-45%)
- training and supervision capacity in GP needs to be explicitly & effectively resourced
- Specific efforts & interventions to encourage, support and retain GP partners (not all medical)
- Technological & estate infra-structure development

Well-being and support

- primary care occupational health service(s)
- Staffing allied agencies e.g. social services
- Evidence-based well-being programmes
 - mindfulness-based interventions and informal peer support schemes
 - Personal skills in early training

Urgency

- 10% of the GP workforce aged <40 left in 2023
- Interest in training is strong - >3x per place

General Practice

>70% of all health care encounters
in NHS

>70% of all COVID-19 vaccinations

investing in primary care services is
cost-effective at societal level

for every £1 invested in primary care, at
least £14 is delivered in productivity
across the working community



**KEYNOTE: DR ROWENA
CHRISTMAS, CHAIR RCGP CYMRU**

WHEREVER THE ART
OF MEDICINE IS LOVED,
THERE IS ALSO A
LOVE OF HUMANITY.

(HIPPOCRATES)



GPs are
extraordinary.

We need to
emphasise how
valuable our
generalist skills are.

What a GP can
achieve in 10 minutes
is a multi-tasking
conjuring act of cost-
effective efficiency.

73% of GPs are seeing a worrying rise in patients seeking help with problems linked to the rising cost of living.

Patients are increasingly asking for support with non-medical items

The current structure of GP Funding means that typically areas with the greatest needs are underfunded in relative terms.

GP ARE ON
THE
FRONTLINE
OF A PUBLIC
HEALTH
CRISIS.

Decorative white lines consisting of several parallel lines of varying lengths and orientations, extending from the right side of the slide towards the bottom right corner.



A HAIKU ABOUT MY LIFE:
I AM SO TIRED
WHEN DID ALL THE CLAPPING STOP
PLEASE DON'T RETIRE YET





TO ALL THE
PEOPLE WHO
SHOULD
HAVE LIVED
LONGER.



THEORY OF INEQUALITY.

Those born into poverty often go on to experience poverty.

The first 1000 days of life have a key impact on the person's whole life.

The impact of childhood trauma is only just being fully realised.

Epigenetics - the study of how your behaviours and environment can cause reversible changes that affect how your body reads a DNA sequence.

"Building a relationship over time fosters familiarity, empathy, a two-way sense of responsibility, and trust. This then encourages disclosure, improves communication, saves time, cultivates empowerment and compliance, and reduces mistakes"



Fit for the Future

Relationship-based care

Dr Rowena Christmas,
RCGP Cymru Wales Chair
RCGP/ WONCA Conference 2022





Continuity of care

High rates of
patient & doctor
satisfaction

Reduced
incidence of burn
out

Low acute
admission rates to
A&E, OOH & to
medicine/ surgery

Low referral rates

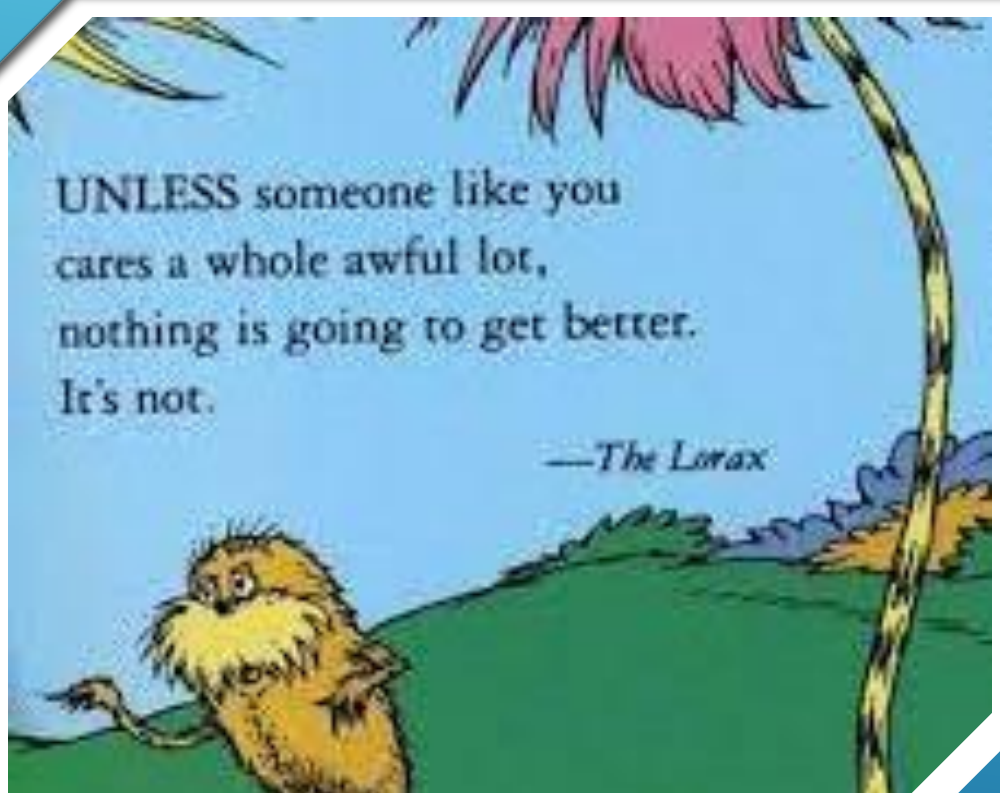
Lower Mortality

RELATIONSHIP BASED CARE WORKS





HOLISTIC CARE
AND KNOWING
YOUR
COMMUNITY CAN
CREATE
SOLUTIONS.



UNLESS someone like you
cares a whole awful lot,
nothing is going to get better.
It's not.

—*The Lorax*



- ▶ Safeguarding children is health work. Good and safe development in childhood protects children from immediate harm and ill health, builds the economic and social capital for a healthy life and prevents ill health and shortened lives in adulthood.

A POLICY GOAL OF
REDUCING INEQUALITIES IN
CHILDREN'S LIVES.

This narrows mental bandwidth.

Prevents planning for the future or adopting healthy behaviours.

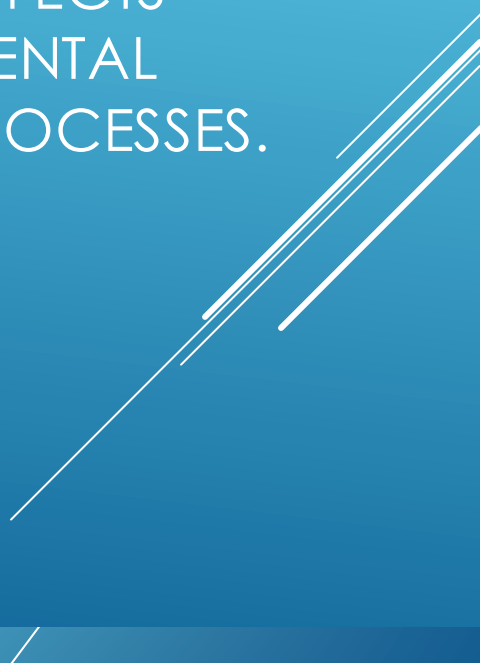
Can affect parenting skills.

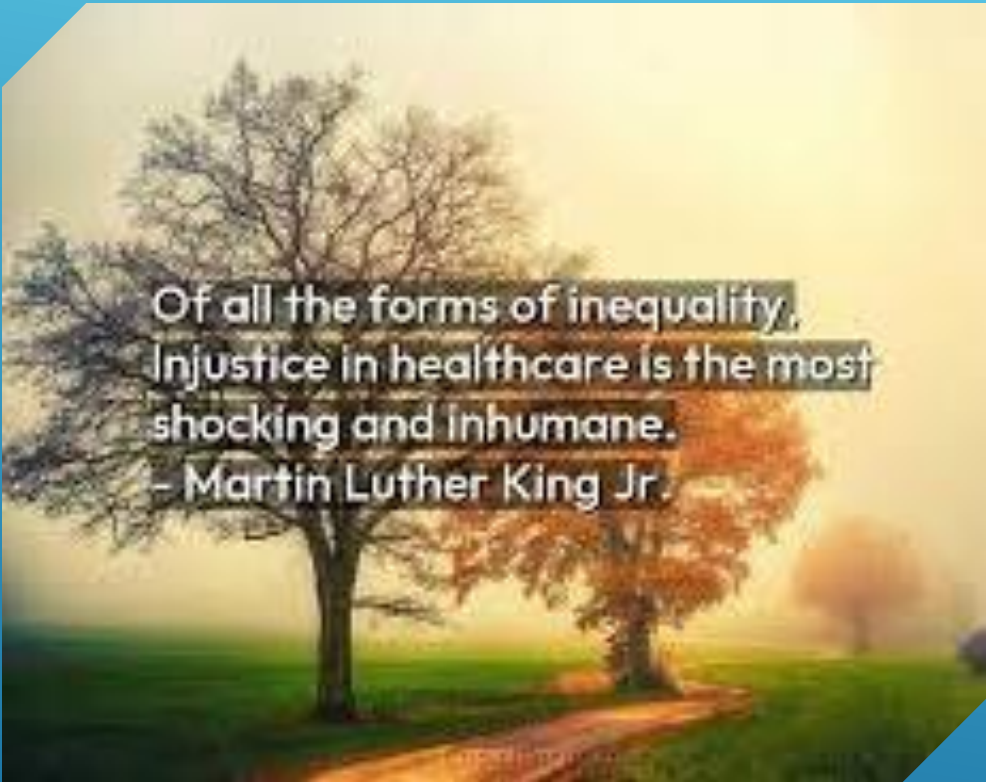
Less able to manage household finances.

People in poorer circumstances experience worse health at younger ages.

Chronic inflammation plays a significant role in this.

SCARCITY (OF MONEY, FOOD OR TIME) AFFECTS MENTAL PROCESSES.





Of all the forms of inequality,
Injustice in healthcare is the most
shocking and inhumane.
- Martin Luther King Jr.

SOCIAL DETERMINANTS OF HEALTH



Prevention, Early Intervention and Lifestyle

Empowerment and Shared Responsibility


Integrated Services and Support

Communication

People across Communities

Greater investment in preventive services

**NHS
CONFEDERATION -
EVERY £1
INVESTED IN
COMMUNITY CARE
RETURNS £14 TO
THE ECONOMY**



TOXIC PILLS
AND SURGERY

LIFESTYLE
CHANGE



WE NEED TO REVIEW OUR FUNDING STRUCTURES.

- ▶ GPs have seen the gap between our richest and poorest patients health widen in recent years.
- ▶ We see the devastating health effects that poverty and deprivation create.
- ▶ GPs are spending more time dealing with issues that are directly linked with poverty such as obesity, drug and alcohol misuse and mental health conditions.

GREAT RESOURCES.

